

EXHIBIT D



Policy Acceptance and Amendment of Application

- ☒ **American General Life Insurance Company**, 2727-A Allen Parkway, Houston, Texas 77019
☐ **The United States Life Insurance Company in the City of New York**, 175 Water Street, New York, NY 10038
A member of American International Group, Inc. (AIG)

In this amendment, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Proposed Insured

Primary Proposed Insured: First Name ROBERT MI W Last Name RUTLEDGE
 Other Proposed Insured: First Name MI Last Name
 Policy Number: 4209668408

I hereby acknowledge receipt and acceptance of the policy described below. I also accept all matters set forth in the policy which was issued that differ from the policy for which application was made. I understand and agree that the original application is deemed to be altered as follows:

- Application amended with Primary Insured's Name as ROBERT RUTLEDGE
- Application amended with the Primary Beneficiary as follows: PRATIWI RUTLEDGE, Spouse - 100%

I represent, on behalf of myself and any person who may have been proposed for insurance, that to the best of my knowledge and belief:

- There have been no changes to my occupation nor have I become unemployed since the date of the application; or
- Neither I nor any other proposed insured has, since the date of the application:
 - Consulted a licensed health care provider or received medical or surgical advice or treatment; or
 - Acquired any knowledge or belief that any representation in the application, including information provided or an answer to a question, is now inaccurate, incomplete, or untrue.

Exceptions: _____

In the event any exception is noted herein, the policy will not be in force until the Company approves this Policy Acceptance and Amendment of Application.

Agreement: I hereby represent that I have read (or have had read to me) and understand the statements made below. I agree that this Policy Acceptance and Amendment of Application will be made a part of the policy.

Owner Signature:

X  A2BB37ED129F4C2...

Owner signed on (date) 1/21/2021

Show title of officer if signing for the business.

Proposed Insured (PPI) Signature (if other than Owner)

X

(If under age 16, signature of parent or guardian)

PPI signed on (date) _____

Other Proposed Insured (OPI) Signature (if other than Owner)

X

(If under age 16 and coverage exceeds \$500,000, signature of both parents required.)

OPI signed on (date) _____